

MAR 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County **Carter**
Township **Elsinore**
City **Elsinore** (No.)

Registration District No. **144**
Primary Registration District No. **2-207**

File No. **5383**
Registered No.
St. Ward)

2. FULL NAME **Columbus Vaughn**

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Mattie Vaughn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 10, 1960		
7. AGE YEARS 76	MONTHS 8	DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
	11. Total time (years) spent in this occupation retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Va.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT **Mattie Vaughn**
(ADDRESS) **Elsinore, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Elsinore, Mo.** DATE **2-13-37**

19. UNDERTAKER **CROY**
(ADDRESS) **Van Buren, Mo.**

20. FILED **3-7** 19 **37** **Pearl Brooks**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 12**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **2-7**, 19 **37**, to **2-12**, 19 **37**.

I last saw him alive on **2-7**, 19 **37**. Death is said to have occurred on the date stated above, at **8 p.m.**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
Arteriosclerosis of right leg

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **Wm. H. Henshaw**, M. D.
(Address) **224 B. Long Ave.**

186a

Fractured hip". had
nothing to do with this
death - and I do not
understand why it was
written on the certificate -

J. M. Henrichson - M.D.

that it may be properly classified. Exact statement of occupation is very important.
A FEE FOR CERTIFICATE MUST BE COMPLETED AS PRESCRIBED BY LAW.
POPLAR BLUFF, MO.

POPLAR BLUFF HOSPITAL

HARDIN M. HENRICKSON, M. D.

BERNARD J. MACAULEY, M. D.

S-5383

Feb. 12, 1937

ITEMIZED STATEMENTS ARE SUPPLIED UPON REQUEST

RECEIVED PAYMENT _____

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Carter
Township Jackson
City _____ (No. _____)

Registration District No. 144
Primary Registration District No. 5207

File No. 5383
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19 _____

I last saw him alive on _____, 19 _____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

fractured hip

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. M. Hendrickson, M. D.

(Address) Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be understood by laymen. REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS.

SUPPLEMENTARY